



Katholieke Universiteit Nijmegen



Questionnaire for patients in general practice

Your general practitioner participates in scientific research on general practice care. We hope that you are willing to contribute to this research.

This questionnaire, which has been developed by the department of general practice of the University Medical Centre Nijmegen, incorporates questions on today's visit to the general practitioner.

We would like you to complete this questionnaire, but of course you are free to refrain.

The questionnaire will be handled anonymously; your general practitioner will not see the answers.

1. Complete the **pages 1 and 2** of this questionnaire **before** your consultation in the waiting room. Seal these pages together by pulling off the paper strip.
2. Hand over the questionnaire to the general practitioner in the consultation room
3. Complete **page 3 after** the consultation. Put the questionnaire in the envelope, and hand it over to the practice assistant, or put it in the mailbox in the waiting room. You may as well post it in a regular mailbox (stamp not required).

To be filled in by the general practitioner

Practice number:

Complete before the consultation. The general practitioner will not see this.

1. What is the reason for your visit to the general practitioner today? (Tick as many boxes as you want)

- ☐ regular check
- ☐ physical symptoms
- ☐ other problems (e.g. work, home, money, family, tensions)
- ☐ something else, namely

2. How much worried are you about the reason(s) for today's visit to the general practitioner?

- ☐ very much ☐ much ☐ moderate ☐ not much ☐ not much at all

3. How serious do you find the reason(s) for today's visit to the general practitioner?

- ☐ very serious ☐ serious ☐ moderate ☐ not serious ☐ not serious at all

4. Do you feel to have an 'own' general practitioner in this practice?

- ☐ no ☐ don't know ☐ yes_

4a. For how long do you know this practitioner?

- ☐ less than one year
☐ 1 - 2 years
☐ 3 - 5 years
☐ 6 - 10 years
☐ more than 10 years

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5. Do you know which general practitioner you are seeing today?

- ☐ yes ☐ no

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5a. Are you seeing your own general practitioner today?

- ☐ yes ☐ no ☐ don't know

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to item 6

to item 8

to item 6

to item 8

Complete before the consultation. The general practitioner will not see this.

6. How well do you know the general practitioner you are seeing **today**?

☐ very well ☐ well ☐ rather well ☐ not well ☐ not well at all

7. Would you have preferred - if it had been possible - to see another general practitioner today?

☐ no ☐ no preference ☐ yes ☐ my 'own' general practitioner
☐ another general practitioner

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8. Did you - for the same reason(s) as today - visit a general practitioner before?

☐ no ☐ don't know ☐ yes _ ☐ the same practitioner as today
☐ another practitioner
☐ don't know who I will be seeing (seal now)

Please seal this questionnaire

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9. How well is the general practitioner you are seeing today familiar with the problems for which you are visiting?

☐ very well ☐ well ☐ rather well ☐ not well ☐ not well at all

Please seal the questionnaire now

Don't forget to complete the questions on page 3 after the consultation!

Complete after the consultation. The general practitioner will not see the answers.

1. What is your gender? ☐ male ☐ female
2. What is your date of birth?/...../.....
3. How is your health in general?
☐ very bad ☐ bad ☐ moderate ☐ well ☐ very well
4. Do you suffer from a condition that necessitates regular checks with a practitioner?
☐ yes ☐ no ☐ don't know
5. Did you see the expected general practitioner **during today's consultation**?
☐ yes ☐ no ☐ I did not know which practitioner I would be seeing
6. Do you need to come back to the practice for today's reason(s) for your visit?
☐ yes ☐ may be/ only if need be ☐ no _ **to item 9**
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7. Did the practitioner discuss with you which practitioner you should visit for a follow-up visit?
☐ yes ☐ no ☐ don't know
8. Would you prefer another general practitioner for a follow-up consultation?
☐ yes ☐ no ☐ indifferent
9. How satisfied are you about today's consultation?
☐ very satisfied ☐ satisfied ☐ neutral ☐ not satisfied ☐ not satisfied at all
10. How did today's consultation help you to move forwards?
☐ very much ☐ much ☐ neutral ☐ not much ☐ not much at all
11. How much trust do you have in today's general practitioner?
☐ very much ☐ much ☐ neutral ☐ not much ☐ not much at all
12. How do you assess today's management plans you made with the practitioner?
☐ very clear ☐ clear ☐ neutral ☐ not clear ☐ not clear at all

Put the questionnaire in the envelope. Hand it over to the practice-assistant, put it in the mailbox in the waiting room, or post it in a regular mailbox (stamp not required).

Thank you for your co-operation!